

JANE SWIFT
GOVERNOR

ROBERT P. GITTENS
SECRETARY

HOWARD K. KOH, MD, MPH
COMMISSIONER

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

December 18, 2002

Dear Colleague:

This letter is the fifth in an ongoing series of communications related to the problem of ambulance diversion. The most recent letter, dated February 26, 2002 contained uniform rules and definitions, and outlined the Department's expectations with respect to their application. As we have consistently stated in all of our messages to the provider community, the diversion problem cannot be solved until the underlying factors (e.g. capacity, staffing) that contribute to the problem are addressed. Until we can fully address these broader issues, we must continue to work collaboratively to better manage the problem.

The purpose of this current letter is to present a statewide response plan in the event of a worsening diversion crisis, such as might be encountered in an unusually severe flu season. The plan is presented schematically in what we have called the Saturation/Gridlock Disaster Plan Grid (enclosed) and an accompanying document, the MDPH Saturation Gridlock Response Plan. This plan outlines the responsibilities of hospitals, the Department, and the EMS regions under current circumstances and at various levels of crisis severity. It has been developed by a subcommittee of the ED Diversion Task Force and approved by the full task force.

While many operational details remain to be developed, the Task Force is in agreement on the broad parameters of the plan as presented in the attached documents. One new feature of the plan is the necessity for each hospital to develop a "code help" policy as part of baseline activity. The code help policy should include provisions to redeploy hospital staff and resources with a goal of moving all admitted patients out of the ED within 30 minutes or as soon as possible. In order to understand how different hospitals have approached this task, we ask that all hospitals submit their code help policies and applicable components of their disaster plans to Rose Silva, MDPH, 5th Floor, 10 West Street Boston MA 02111 by January 17, 2003.

It is our hope that by working together on this problem we can minimize disruption and assure the citizens of Massachusetts the best possible standard of care even under adverse circumstances.

Sincerely,

Howard K. Koh, MD, MPH

Howard K. Koh

Commissioner

Ronald M. Hollander

Van Hollende

President